

QUARTERLY STATEMENT

**AS OF MARCH 31, 2019** 

OF THE CONDITION AND AFFAIRS OF THE

Trusted Health Plan (District of Columbia), Inc.

Statutory Home Office    1100 New Jersey Avenue SE Suite 840   (City or Town, State, Country and Zip Code)	NAIC Group Code	4893 , 489	93 NAIC Company Code	14225	Employer's ID Number	45-2375150
Country of Domicile  Uicensed as business type:  Life. Accident & Health [ ] Dental Service Corporation [ ] Ish MAO Federally Qualified? Yes[ ] No(X) NV4 [ ] Incorporated/Organized  08/16/2011  Commenced Business  07/01/2013  Statutory Home Office  1100 New Jersey Avenue SE Suite 840  Washington, DC, US 20003  (Sheet and Number)  Washington, DC, US 20003  (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) Washington, DC, US 20003  (City or Town, State, Country and Ze Code) (Sare)  Washington, DC, US 20003  (City or Town, State, Country and Ze Code) (City or Town, State, Country and Ze Code) (Sare)  Washington, DC, US 20003  (City or Town, State, Country and Ze Code) (Sare)  Washington, DC, US 20003  (City or Town, State, Country and Ze Code) (Sare)  Washington, DC, US 20003  (City or Town, State, Country and Ze Code) (Sare)  Washington, DC, US 20003  (City or Town, State, Country and Ze Code) (Sare)  Washington, DC, US 20003  (City or Town, State, Country and Ze Code) (Sare)  Washington, DC, US 20003  (City or Town, State, Country and Ze Code) (City or		(Current Period) (Prior F	Period)			
Licensed as business type:  Life, Accident & Health   Detert   Property/Casualty(   Health Maintenance Organization(X)   Detert   Other   Is HMO Federally Qualified? Yes[ ] No[X] NA[ ] Health Maintenance Organization(X]   Incorporated(Organized   O6/16/2011   Commenced Business   O7/01/2013   Incorporated(Organized   O6/16/2011   Commenced Business   O7/01/2013   Statutory Hone Office   1100 New Jersey Avenue SE Suite 840   Washington, DC, US 20003   (Street and Number)   (Organized Auritory)   (Organized Rounds)   Washington, DC, US 20003   (Organized Auritory)   (Organized Rounds)   Mail Address   Organized Rounds   Organized Rounds   Organized Rounds   Organized Rounds   Organized Rounds   Mail Address   Organized Rounds	Organized under the Laws of	f District of Colum	nbia , State of Do	micile or Port of Entry		DC
Detail Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X] Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] NA[ ] Incorporated(Organized 05/16/2011 Commenced Business 07/10/12013 Statutory Hone Office 1100 New Jersey Avenue SE Suite 840 Washington, DC, US 20003 (Street and Number) (Organized Number) (Organized Number) (Organized Suite 840 Washington, DC, US 20003 (Street and Number) (Organized Suite 840 Washington, DC, US 20003 (Organized Su	Country of Domicile	United States of Ar	merica			
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Main Administrative Office    Street and Number  (City or Town, State, Country and Zip Code)	Incorporated/Organized	05/16/20	111 Com	menced Business	07/01/201	13
Main Administrative Office  Washington, DC, US 20003  (City or Town, State, Country and 2p Code) Mail Address  1100 New Jersey Avenue SE Suite 840  (City or Town, State, Country and 2p Code) Mail Address  1100 New Jersey Avenue SE Suite 840  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and 2p Code) Mashington, DC, US 20003  (City or Town, State, Country and Zp Code) Mashington, DC, US 20003  (City or Town, State, Country and Zp Code) Mashington, DC, US 20003  (City or Town, State, Country and Zp Code) Mashington, DC, US 20003  (City or Town, State, Country and Zp Code) Mashington, DC, US 20003  (City or Town, State, Country and Zp Code) Mashington, DC, US 20003  (City or Town, State, Country and Zp Code) Mashington, DC, US 20003  (City or Town, State, Country and Zp Code) Mashington, DC, US 20003  (City or Town, State, Country and Zp Code) Mashington, DC, US 20003  (City or Town, State, Country and Zp Code) Mashington, DC, US 20003  (City or Town, State, Country and Zp Code) Mashington, DC, US 20003  (City or T	Statutory Home Office	1100 New Jersey A	venue SE Suite 840 ,		Washington, DC, US 2000	3
Washington, D.C., U.S. 20003   (202)R21-1100   (City or Town, Stee, Country and Zip Code)   (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Street and Number or P.O. Box)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (Avea Code) (Telephone Number)   (City or Town, Stee, Country and Zip Code)   (City or Town, Stee, Country and Zip Code)   (City or Town, Stee, Co	Main Administrative Office	(Street and	1100 New Jerse	y Avenue SE Suite 840	ity or Town, State, Country and Zip	Code)
Mail Address    City or Town, State, Country and Zip Code)   (Area Code)   Telephone Number)   (Area Code)		Washington, DC, US 20	•	t and Number)	(202)821-1100	
City or Town, State, Country and Zip Code						mber)
Primary Location of Books and Records    Washington , DC, US 20003   (Street and Number)   (202)821-1100	Mail Address					
City or Town, State, Country and Zip Code   (Area Code) (Telephone Number)	Primary Location of Books ar	•	*	٧.		Code)
Internet Web Site Address  Statutory Statement Contact  Cleveland Eugene Slade  (Name)  Title  Thomas Michael Duncan  Cleveland Eugene Slade  Chief Executive Officer  Chief Inancial Officer  Chief Executive Officer  Chief Inancial Officer  Chief Executive Officer  Chief Executive Officer  Chief Executive Officer  Chief Inancial Officer  Chief Inancial Officer  Chief Executive Officer	·	Washington DC US 2000	12	(Street and Number)	(202)924 4400	
Internet Web Site Address  Statutory Statement Contact  Cleveland Eugene Slade (Name)  Calade@trustedtp.com  (Remail Address)  OFFICERS  Name Title Thomas Michael Duncan Cleveland Eugene Slade Cleveland Gugene Slade Title Thomas Michael Duncan Cleveland Eugene Slade Chikadible E. Duru  OTHERS  DIRECTORS OR TRUSTEES Thomas Michael Duncan Jack NMN Martin  Thomas Andrew Scully  State of County of  ss  The officers of this reporting entity and that on the reporting period stated above rerein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein statement, to reporting entity period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the Nate Pepring entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the Nate Pepring entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the Nate Pepring entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the Nate Statement Instructions and Accounting Practices and Procedures manual except to the extent that Cl of state law may differ, or (2) that state rules or regulations require differences exporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestat lescribed officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.				-		mber)
(Rarea Code)(Telephone Number)(Extension) (cslade@trustedhp.com  (E-Mail Address)  (Fax Number)  OFFICERS  Name Thomas Michael Duncan Cleveland Eugene Slade Chikadibie E. Duru  OTHERS  DIRECTORS OR TRUSTEES Thomas Michael Duncan Jack NMN Martin  Eddie Leon Hall Thomas Andrew Scully  State of County of  Sas  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above rerein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, to elasted exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of perfuring entity age of the reporting Practices and Procedures manual except to the extent that: (1) state law may differ, or. (2) that state rules or regulations require differences eporting not related to accounting practices and procedures manual except to the extent that: (1) state law may differ, or. (2) that state rules or regulations require differences eporting not related to accounting practices and procedures manual except to the extent that: (1) state law may differ, or. (2) that state rules or regulations require differences eporting not related to accounting practices and procedures manual except to the extent that: (1) state law may differ, or. (2) that state rules or regulations require differences eporting not related to accounting practices and procedures manual except to fine with the NAIC when required, that is an exact copy (except for formatting differences due to electronic fill except the related corrections filling with the NAIC when required, that is an exact copy (except for formatting differences due to electronic filling with the NAIC when required, that is an exact copy (except for formatting differences due to electronic filling with t	Internet Web Site Address	, , , , ,	,	_	( 100 0000) ( 100pilolio 110.	
Cslade@trustedhp.com (E-Mail Address)  OFFICERS  Name Title Thomas Michael Duncan Cleveland Eugene Slade Chikadibie E. Duru  OTHERS  DIRECTORS OR TRUSTEES Thomas Michael Duncan Jack NMN Martin  Thomas Michael Duncan Cleveland Eugene Slade Chikadibie E. Duru  OTHERS  DIRECTORS OR TRUSTEES Thomas Michael Duncan Jack NMN Martin  Eddie Leon Hall Thomas Andrew Scully  State of Countly of  ss  State of Countly of  ss  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, to elated exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of eporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC / Istatement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state away differ; or, (2) that state rules or regulations required differences eporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestat described officers also includes the related corresponding electronic filling with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic fill enclosed statement. The electronic filling may be requested by various regulators in lieu of or in addition to the enclosed statement.	Statutory Statement Contact	Cleveland	d Eugene Slade		(202)821-1070	
OFFICERS  Name Title Thomas Michael Duncan Cleveland Eugene Slade Chikadibie E. Duru  OTHERS  DIRECTORS OR TRUSTEES Thomas Michael Duncan Jack NMN Martin  Eddie Leon Hall Thomas Andrew Scully  State of County of  ss  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above rerein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, to elated exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of eporting entity as of the reporting period stated above, and of its income and deductions thereform for the period ended, and have been completed in accordance with the NAIC, when required, that is a react copy (except for formatting differences eporting not related to accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences eporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestate secribed officers as law includes the related corresponding electronic filing with the NAIC, when required, the are exact copy (except for formatting differences due to electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)	·	· · · · · · · · · · · · · · · · · · ·	(Name)		, , , ,	Extension)
OFFICERS  Name		<u> </u>		-	. ,	
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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, to related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Astatement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestate described officers also includes the related corresponding electronic filling with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filling may be requested by various regulators in lieu of or in addition to the enclosed statement.  (Signature)  (Signature)		Jack NMN Martin		Thomas Andre	w Scully	
		ss				
	erein described assets were elated exhibits, schedules and eporting entity as of the repor statement Instructions and Ac eporting not related to accour lescribed officers also include	the absolute property of the said reported explanations therein contained, annuring period stated above, and of its indecounting Practices and Procedures manting practices and procedures, accordes the related corresponding electronic	rting entity, free and clear from any liens or exed or referred to, is a full and true statem come and deductions therefrom for the peri anual except to the extent that: (1) state law ding to the best of their information, knowler cilling with the NAIC, when required, that is	claims thereon, except lent of all the assets and lod ended, and have been may differ; or, (2) that dge and belief, respective an exact copy (except f	as herein stated, and that this I liabilities and of the condition en completed in accordance w state rules or regulations requirely. Furthermore, the scope	statement, together with and affairs of the said with the NAIC Annual uire differences in of this attestation by the
		(Signatura)	(Signatura)		(Signatura)	
	·				, - ,	uru
(Printed Name) (Printed Name) (Printed Name)		rinted Name)	(Printed Name)	<del></del> -	(Printed Name)	
1. 2. 3.  Chief Executive Officer Chief Financial Officer General Counsel	Chief F					el
(Title) (Title) (Title)						
Subscribed and sworn to before me this  day of , 2019  b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached			b. If no, 1. State the amendmen 2. Date filed		Yes[X] No[]	_ _

(Notary Public Signature)

## **ASSETS**

	A55				
			urrent Statement Date		4
		1	2 Nonadmitted	3 Net Admitted Assets	December 31 Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	43.957.559			42,357,030
2.	Stocks:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
	2.1 Preferred stocks				
	2.2 Common stocks				
2					
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)				
	4.2 Properties held for the production of income (less \$0				
	encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$9,038,960), cash equivalents (\$2,614,600) and				
	short-term investments (\$2,116,439)	13.769.999		13.769.999	11.547.467
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities			•	
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued	314,898		314,898	312,328
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	2 095 066		2 095 066	3 504 832
	15.2 Deferred premiums, agents' balances and installments booked	2,000,000		2,000,000	0,001,002
	but deferred and not yet due (including \$0 earned but				
	• • •				
	unbilled premiums)				
	15.3 Accrued retrospective premiums (\$0) and contracts				
	subject to redetermination (\$0)				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				529 036
19.	Guaranty funds receivable or on deposit			*	1
_	Electronic data processing equipment and software				
20.		334,370			312,030
21.	Furniture and equipment, including health care delivery assets				
	(\$0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$0) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets	1,420,503	1,420,503		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	62.756.209	1.814.039	60.942.170	58.623.346
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
20			1 014 020	60.042.470	E0 600 246
28.	TOTAL (Lines 26 and 27)	02,100,209	1,014,039	00,942,170	50,023,340
	ILS OF WRITE-INS				
1101.					
1102.					
	Summary of remaining write-ins for Line 11 from overflow page				
	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
	Prepaid Expense				
	Employee Advance				
	Deposits				
l .	Summary of remaining write-ins for Line 25 from overflow page				
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

# STATEMENT AS OF March 31, 2019 OF THE Trusted Health Plan (District of Columbia), Inc. LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND	JOIN L	Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)	26,092,301		26,092,301	27,402,192
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	922,633		922,633	550,578
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
	rebate per the Public Health Service Act	2,500,000		2,500,000	2,500,000
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon (including \$0				
	on realized gains (losses))	3,106,180		3,106,180	2,580,337
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	25,179		25,179	21,711
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	674,567		674,567	346,156
16.	Derivatives				
17.	Payable for securities	340,287		340,287	
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
	unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$0 current)				
24.	Total liabilities (Lines 1 to 23)	39,114,792		39,114,792	39,242,729
25.	Aggregate write-ins for special surplus funds	X X X	X X X	500,832	
26.	Common capital stock	X X X	X X X	1,000,000	1,000,000
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	5,835,000	5,835,000
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	14,491,546	12,545,617
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$0)	X X X	X X X		
	32.20 shares preferred (value included in Line 27 \$0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	21,827,378	19,380,617
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	60,942,170	58,623,346
	ILS OF WRITE-INS			1	
2301. 2302.					
2303.					
	Summary of remaining write-ins for Line 23 from overflow page				
	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. 2502.	ACA 9010 Tax				
2502.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				
3001. 3002.					
3002.		I			
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT AS OF March 31, 2019 OF THE Trusted Health Plan (District of Columbia), Inc.

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE		ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	101,435	111,179	421,877
2.	Net premium income (including \$0 non-health premium income)				
3.	Change in unearned premium reserves and reserves for rate credits				
4.	Fee-for-service (net of \$ 0 medical expenses)		1		
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues	xxx	245	3,393,209	3,440,064
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	X X X	36,040,114	43,984,852	159,974,729
Hospit	al and Medical:				
9.	Hospital/medical benefits		17,376,361	24,298,448	85,856,639
10.	Other professional services		2,638,726	3,600,055	12,547,916
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs		2,929,073	3,373,783	12,075,084
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)				
Less:					
17.	Net reinsurance recoveries				160,451
18.	Total hospital and medical (Lines 16 minus 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$3,234,356 cost containment expenses				
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts (including \$0 increase				
	in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		33,330,400	41,878,985	151,653,552
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	2,709,714	2,105,867	8,321,177
25.	Net investment income earned		336,881	172,214	972,171
26.	Net realized capital gains (losses) less capital gains tax of \$		(286)	(34,667)	(72,758)
27.	Net investment gains or (losses) (Lines 25 plus 26)		336,595	137,547	899,413
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$0) (amount charged off \$0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	plus 27 plus 28 plus 29)	X X X	3,046,309	2,243,414	9,220,590
31.	Federal and foreign income taxes incurred	X X X	448,027	733,281	1,981,611
32.	Net income (loss) (Lines 30 minus 31)	XXX	2,598,282	1,510,133	7,238,979
<b>DETAII</b> 0601.	LS OF WRITE-INS Other Income		245	2 202 200	2 440 064
0601.	Outer income		1		
0603.	Commence of consistence with the first lange Commence of the constraints and the constraints are constraints.				
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page				
0701.		X X X			
0702. 0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. 1401.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)				
1402.					
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. 2902.					
2902. 2903.					
2998. 2999.	Summary of remaining write-ins for Line 29 from overflow page				
∠333.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

## **STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT	10 5410	10 Bato	Bootings of
22		40 200 044	40,000,007	40,000,004
33.	Capital and surplus prior reporting year			
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0	(2,455)		2,838
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(68,664)	240,495	270,877
39.	Change in nonadmitted assets	(5,018)	(61,264)	(1,246,226)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	,			
40	·			
46.	Dividends to stockholders		,	
47.	Aggregate write-ins for gains or (losses) in surplus	(75,385)	73,035	1,053,282
48.	Net change in capital and surplus (Lines 34 to 47)	2,446,760	1,012,399	3,319,750
49. <b>DETAI</b>	Capital and surplus end of reporting period (Line 33 plus 48)	21,827,374	17,073,266	19,380,614
4701.	Prior Period Adjustments	(75,385)	73,035	(359,920)
4702.	Federal Tax Provision Adjustment			
4703. 4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

## **CASH FLOW**

		UNUIT LUIT	T .	_	_
			1 Current	2 Prior	3 Prior
			Year	Year	Year Ended
			To Date	To Date	December 31
		Cash from Operations			
1.	Premiu	ums collected net of reinsurance	37,449,635	37,104,658	159,205,932
2.	Net inv	vestment income	232,545	246,617	983,820
3.	Miscell	laneous income	245	3,393,209	3,440,064
4.	TOTAL	L (Lines 1 to 3)	37,682,425	40,744,484	163,629,816
5.	Benefit	t and loss related payments	24,254,051	34,100,147	118,516,827
6.	Net tra	ansfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Comm	sissions, expenses paid and aggregate write-ins for deductions	10,402,294	13,133,005	45,276,955
8.	Divide	nds paid to policyholders			
9.	Federa	al and foreign income taxes paid (recovered) net of \$0 tax on capital gains			
	(losses	s)	(77,816)		2,487,459
10.	TOTAL	L (Lines 5 through 9)	34,578,529	47,233,152	166,281,241
11.		sh from operations (Line 4 minus Line 10)			
		Cash from Investments			,
12.	Procee	eds from investments sold, matured or repaid:			
	12.1	Bonds	2 238 061	1 567 623	4 881 818
	12.2	Stocks		, ,	
	12.3	Mortgage loans			
	12.4	Real estate			
	12.4	Other invested assets			
	12.5				
		Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7	Miscellaneous proceeds			
40	12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	2,623,203	1,567,623	5,151,275
13.		f investments acquired (long-term only):			
		Bonds			
	13.2	Stocks			
	13.3	Mortgage loans			
	13.4	Real estate			
	13.5	Other invested assets			
	13.6	Miscellaneous applications		673,736	1,001
	13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	3,739,566	1,743,641	18,011,565
14.	Net inc	crease (or decrease) in contract loans and premium notes			
15.	Net ca	sh from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,116,363)	(176,018)	(12,860,290)
		Cash from Financing and Miscellaneous Sources			
16.	Cash p	provided (applied):			
	16.1	Surplus notes, capital notes			
	16.2	Capital and paid in surplus, less treasury stock			
	16.3	Borrowed funds			
	16.4	Net deposits on deposit-type contracts and other insurance liabilities			
	16.5	Dividends to stockholders		750,000	4,000,000
	16.6	Other cash provided (applied)	234,998	(488,121)	(38,044)
17.	Net ca	sh from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5			
	plus Li	ine 16.6)	234,998	(1,238,121)	(4,038,044)
	•	CILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		,	,
18.		ange in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and			
		gs	2,222.531	(7,902,807)	(19.549.759)
19.	,	cash equivalents and short-term investments:		(.,,)	(12,213,130)
.	19.1	Beginning of year	11 547 468	31 097 227	31 097 227
	19.2	End of period (Line 18 plus Line 19.1)	1		
	17.4	Note: Supplemental Disclosures of Cash Flow Information for			11,047,400

Note: Supplemental Dis	ciosules di Casil i low illicilliation il	n Non-Casii mansac	110113.	
20.0001				

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

		1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	la dividual	Craun	Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	Othor
		Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Other
Total	Members at end of:										
1.	Prior Year	34,145	3,004							31,141	
2.	First Quarter	34,000	3,202							30,798	
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months	101,435	9,546							91,889	
Total	Member Ambulatory Encounters for Period:										
7.	Physician	23,943	5,748							18,195	
8.	Non-Physician	11,057	968							10,089	
9.	Total	35,000	6,716							28,284	
10.	Hospital Patient Days Incurred	527	23							504	
11.	Number of Inpatient Admissions	2,338	121							2,217	
12.	Health Premiums Written (a)	36,086,529	3,817,099							32,269,430	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	36,086,529	3,817,099							32,269,430	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	24,254,052	3,176,089							21,077,963	
18.	Amount Incurred for Provision of Health Care										
	Services	22,944,160	2,306,243							20,637,917	

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............0.

	Aging A	nalysis of Unpaid Cla	ims		reported)	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered				428,443	305,933	734,37
0499999 Subtotals				428,443	305,933	734,37
0599999 Unreported claims and other claim reserves						25,357,92
·						
0799999 Total Claims Unpaid						26.092.3
	0199999 Individually Listed Claims Unpaid 0299999 Aggregate Accounts Not Individually Listed - Uncovered 0399999 Aggregate Accounts Not Individually Listed - Covered 0499999 Subtotals 0599999 Unreported claims and other claim reserves 0699999 Total Amounts Withheld	Account 2 Account 1 - 30 Days  0199999 Individually Listed Claims Unpaid  0299999 Aggregate Accounts Not Individually Listed - Uncovered  0399999 Aggregate Accounts Not Individually Listed - Covered  0499999 Subtotals  0599999 Unreported claims and other claim reserves  0699999 Total Amounts Withheld	1 2 3 Account 1 - 30 Days 31 - 60 Days 0199999 Individually Listed Claims Unpaid 0299999 Aggregate Accounts Not Individually Listed - Uncovered 0399999 Aggregate Accounts Not Individually Listed - Covered 0499999 Subtotals 0599999 Unreported claims and other claim reserves 0699999 Total Amounts Withheld	1 2 3 4 Account 1 - 30 Days 31 - 60 Days 61 - 90 Days 0199999 Individually Listed Claims Unpaid 0299999 Aggregate Accounts Not Individually Listed - Uncovered 0399999 Aggregate Accounts Not Individually Listed - Covered 0499999 Subtotals 0599999 Unreported claims and other claim reserves 0699999 Total Amounts Withheld	1       2       3       4       5         Account       1 - 30 Days       31 - 60 Days       61 - 90 Days       91 - 120 days         0199999 Individually Listed Claims Unpaid       0299999 Aggregate Accounts Not Individually Listed - Uncovered       428,443         0399999 Aggregate Accounts Not Individually Listed - Covered       428,443         0499999 Subtotals       428,443         0599999 Unreported claims and other claim reserves       699999 Total Amounts Withheld	1       2       3       4       5       6         Account       1 - 30 Days       31 - 60 Days       61 - 90 Days       91 - 120 days       Over 120 Days         0199999 Individually Listed Claims Unpaid       0299999 Aggregate Accounts Not Individually Listed - Uncovered       428,443       305,933         0399999 Aggregate Accounts Not Individually Listed - Covered       428,443       305,933         0499999 Subtotals       428,443       305,933         0599999 Unreported claims and other claim reserves       6099999 Total Amounts Withheld

## **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

			ON AID-I NON ILA			5	6
				Liab	oility		
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)					890,991	3,696,853
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid					10,944,563	23,705,339
8.	Other health						
9.	Health subtotal (Lines 1 to 8)					11,835,554	27,402,192
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	9,651,554	14,602,498	2,184,000	23,908,301	11,835,554	27,402,192

<sup>(</sup>a) Excludes \$.....0 loans or advances to providers not yet expensed.

#### **Notes to Financial Statement**

#### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements of Trusted Health Plan, (District of Columbia), Inc. (THP) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia Department of Insurance, Securities and Banking (DISB).

The DISB recognizes only statutory accounting practices prescribed or permitted by the District of Columbia (District) for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the District of Columbia Insurance Code. The DISB has adopted the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* as a component of prescribed and permitted practices for the District. The DISB has the right to permit specific practices that deviate from prescribed practices. There is no deviation from the NAIC *Accounting Practices and Procedures Manual*.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the District of Columbia Department of Insurance, Securities and Banking is shown below:

		1		1	I	
		CC AD H	E/C D	E/C I #	2010	2010
		SSAP#	F/S Page	F/S Line #	2019	2018
NET	<u> INCOME</u>					
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	2,598,282	7,238,979
(2)	State Prescribed Practices that increase/decrease NAIC SAP:					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
. ,	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	2,598,282	7,238,979
SUR	<u>PLUS</u>					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	21,827,378	19,380,617
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	21,827,378	19,380,617

B. Use of Estimates in the Preparation of the Financial Statements

No material change.

- C. Accounting Policy
- (1) No material change.
- (2) Bonds are stated at amortized cost. The Company does not have Mandatory Convertible securities nor SVO Identified investments.
- (3) (5) No material change.
- (6) The Company had no loan-backed securities.
- (7) (13) No material change.
- D. Going Concern None

#### Notes to Financial Statement

#### 2. Accounting Changes and Corrections of Errors

The Company made audit adjustment to the 2018 financial statements totaling \$75,385.

#### 3. Business Combinations and Goodwill

No material change.

#### 4. Discontinued Operations

No material change.

#### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans No material change.
- B. Debt Restructuring No material change.
- C. Reverse Mortgages No material change.
- D. Loan-Backed Securities None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing None
- H. Repurchase Agreements Transactions Accounted for as a Sale None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale None
- J. Real Estate No material change.
- K. Low-Income Housing Tax Credits (LIHTC) No material change.
- L. Restricted Assets No material change.
- M. Working Capital Finance Investments None
- N. Offsetting and Netting of Assets and Liabilities No material change.
- O. Structured Notes No material change.
- P. 5GI Securities No material change.
- Q. Short Sales No material change.
- R. Prepayment Penalty and Acceleration Fees No material change.

#### 6. Joint Ventures, Partnerships and Limited Liability Companies

No material change.

#### 7. Investment Income

No material change.

#### 8. Derivative Instruments

- A. G. No material change.
- H. None

#### 9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.			March 31, 2019		D	ecember 31, 201	18		Change	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a)	Gross Deferred Tax Assets	605,206	21,996	627,202	687,880	21,936	709,816	(82,674)	60	(82,614)
(b)	Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	605,206	21,996	627,202	687,880	21,936	709,816	(82,674)	60	(82,614)
(d)	Deferred Tax Assets Nonadmitted	5,202	21,996	27,198	-	21,936	21,936	5,202	60	5,262
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	600,004	-	600,004	687,880	-	687,880	(87,876)	-	(87,876)
(f)	Deferred Tax Liabilities	144,894	-	144,894	158,844	-	158,844	(13,950)	-	(13,950)
(g)	Net Admitted Deferred Tax Asset / (Net Deferred Tax Liability) (1e - 1f)	455,110	_	455,110	529,036	_	529,036	(73,926)	_	(73,926)

## **Notes to Financial Statement**

2.			March 31, 201	9		December 31, 2018		Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
				(Col 1+2)			(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admissi	ion Calculation Components									
(a)	Federal Income Taxes Paid in Prior Years									
	Recoverable Through Loss Carrybacks	455,110	-	455,110	537,766	-	537,766	(82,656)	-	(82,656
(b)	Adjusted Gross Deferred Tax Assets									
	Expected To Be Realized (Excluding The									
	Amount of Deferred Tax Assets from 2(a)	-	-	-	-	-	-	-	-	-
	above) after application of the Threshold									
	Limitation (The lesser of 2(b)1 and 2(b)2									
	below)									
1.	Adjusted Gross Deferred Tax Assets									
	Expected to be Realized Following									
	the Balance Sheet Date.	\$ 455,110	\$ -	\$ 455,110	\$ 537,766	\$ -	\$ 537,766	\$ (82,656)	\$ -	\$ (82,656)
2.	Adjusted Gross Deferred Tax Assets									
	Allowed per Limitation Threshold	XXX	XXX	\$ 3,190,417	XXX	XXX	\$ 2,821,160	XXX	XXX	\$ 369,257
(c)	Adjusted Gross Deferred Tax Assets									
	(Excluding the Amount of Deferred Tax	\$ 144,894		\$ 144,894	\$ 150,114	\$ -	\$ 150,114	\$ (5,220)	\$ -	\$ (5,220)
	Assets from 2(a) and 2(b) above) Offset by									
	Gross Deferred Tax Liabilities									
(d)	Deferred Tax Assets Admitted as the result									
	of application of SSAP No. 101.									
	Total (2(a) + 2(b) + 2(c))	\$ 600,004	\$ -	\$ 600,004	\$ 687,880	\$ -	\$ 687,880	\$ (87,876)	\$ -	\$ (87,876)

3.		2019	2018
(a)	Ratio percentage used to determine		
	Recovery Period and Threshold Limitation		
	Amount	444%	394%
(b)	Amount of Adjusted Capital and Surplus		
	Used to Determine Recovery Period And		
	Threshold Limitation in 2(b)2 above	\$ 21,269,447	18,851,584

		March 31, 2019		December 31, 2018		Change	
		(1)	(2)	(3)	(4)	(5) (Col 1 - 3)	(6) (Col 2 - 4)
	Impact of Tax-Planning Strategies	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(a)	Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage,						
1.	Adjusted Gross DTAs Amount From Note 9A1(c)	605,206	21,996	687,880	21,936	(82,674)	60
2.	Percentage of Adjusted Gross DTAs by Tax Character Attributable to the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
3.	Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)	600,004	-	687,880	-	(87,876)	-
4.	Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Admitted Because of the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
(Ь)	Does the Company's tax-planning strategies include the	use of reinsuran	ice?	Yes	No		

#### B. Unrecognized DTLs - None

## **Notes to Financial Statement**

C. Current income taxes incurred consist of the following major components:

(a)	Federal	609,072	1,924,835	(1,315,763
(b)	Foreign	-	-	-
(c)	Subtotal	609,072	1,924,835	(1,315,763
(d)	Federal income tax on net capital gains	-		•
(e)	Utilization of capital loss carry-forwards	-	-	-
(f)	Other	-	56,776	(56,776)
(g)	Federal and foreign income taxes incurred	609,072	1,981,611	(1,372,539
2.	Deferred Tax Assets:			
(a)	Ordinary:			
(1)	Discounting of unpaid losses	95,204	99,970	(4,766
(2)	Unearned premium reserve	-	-	
(3)	Policyholder reserves	-	-	-
(4)	Investments	-	-	
(5)	Deferred acquisition costs	-	-	-
(6)	Policyholder dividends accrual	-	-	-
(7)	Fixed assets	-	-	-
(8)	Compensation and benefits accrual	-	-	
(9)	Pension accrual	-	-	
(10)	Receivables - nonadmitted	-	-	
(11)	Net operating loss carry-forward	-	-	
(12)	Tax credit carry-forward	-	-	
(13)	Other (including items <5% of total ordinary tax asse	510,002	587,910	(77,908
(99)	Subtotal	605,206	687,880	(82,674
(b)	Chabatan and a disable and			
(b)	Statutory valuation allowance adjustment Nonadmitted	5,202	-	5,202
(c)			•	
(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	600,004	687,880	(87,876
(e)	Capital:			
(1)	Investments	-		
(2)	Net capital loss carry-forward	21,996	21,936	60
(3)	Real estate	-	-	
(4)	Other (including items <5% of total capital tax assets)	-	-	
(99)	Subtotal	21,996	21,936	60
(f)	Statutory valuation allowance adjustment	-	-	
(g)	Nonadmitted	21,996	21,936	60
(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	-	

3.	Deferred Tax Liabilities:			
(a)	Ordinary			
(4)	Investments	553	553	
(1) (2)	Fixed assets	91,164	103,144	(11,980)
	Deferred and uncollected premium	31,104	103,144	(11,300)
(3)	Policyholder reserves	-	-	-
(4) (5)	Other (including items < 5% of total ordinary tax assets	53,177	55,147	(1,970)
(99)	, -	144,894	158,844	(13,950)
(b)	Capital:			
(1)	Investments		-	
(2)	Real estate	-	-	-
(3)	Other (including items < 5% of total capital tax assets)	-	-	-
(99)	Subtotal			-
(c)	Deferred tax liabilities (3a99 + 3b99)	144,894	158,844	(13,950)
4.	Net deferred tax assets/liabilities (2i - 3c)	455,110	529,036	(73,926)

#### D. Reconciliation of Federal income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

#### **Notes to Financial Statement**

		Tax Effect @	Effective Tax
Description	Amount	21%	Rate
Income before taxes	3,046,306	639,724	21.00%
DRD deduction and tax-exempt interest, net	-	-	0.00%
Prior year underaccrual/(overaccrual)	-	-	0.00%
Change in nonadmitted assets	244	51	0.00%
Meals and entertainment	15,482	3,251	0.11%
Change in valuation allowance	-	-	0.00%
Other nondeductible expenses	6,997	1,469	0.05%
Other, including change in tax rates	158,290	33,241	1.09%
Total	3,227,319	677,736	22.25%
Federal income taxed incurred [expense/(benefit)]		609,072	19.99%
Tax on capital gains		-	0.00%
Change in net deferred income tax [charge/(benefit)]		68,664	2.25%
Total statutory income taxes		677,736	22.25%

The Tax Cuts & Jobs Act ("TCJA"), signed into law on December 22, 2017, reduces the corporate Federal income tax rate from 34 percent to 21 percent, effective for years beginning after December 31, 2017. The Company has determined that no other changes are required to the deferred tax asset, and the current income tax expense is unaffected by this change in the law.

#### E. Operating Loss and Tax Credit Carryforwards

- (1) At December 31, 2019 the Company had \$0 of net operating loss carryforwards.
- (2) The following is income tax expense for 2019 and 2018 that is available for recoupment in the event of future net losses:

Year	Amount
2019	609,072
2018	2,118,107

- (3) The aggregate amount of deposits reported as admitted assets under Section 6603 of the Internal Revenue Service (IRS) Code was \$0 as of December 31, 2019.
- F. Consolidated Federal Income Tax Return
  - (1) The Company's federal income tax return is consolidated with the following entities: Trusted Health Plans, Inc.
    - Trusted Health Plan Michigan, Inc.
  - (2) The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit given for any net operating losses or other items utilized in the consolidated tax return.
- G. The Company does not have any income tax loss contingencies.
- H. Repatriation Transition Tax (RTT) None
- I. Alternative Minimum Tax (AMT) Credit None

#### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No material change.

#### 11. Debt

- A. Debt No material change.
- B. FHLB (Federal Home Loan Bank) Agreements None

## 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

- A. Defined Benefit Plan None
- B. Narrative Description of Investment Polices and Strategies No material change.
- C. Fair Value of Plan Assets No material change.
- D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return No material change.
- E. Defined Contribution Plans THP sponsored a 401K plan (The "Plan") for its employees beginning in 2013. Employees were eligible to participate in the Plan if they were at least 18 years of age and had completed three consecutive months of employment at the Company. The Company may make a discretionary matching contribution to the Plan. For the period ended March 31, 2019 the Plan has contributed \$26,196. At December 31, 2018, the fair value of plan assets was \$1,483,219.

#### **Notes to Financial Statement**

- F. Multi-Employer Plan No material change.
- G. Consolidated/Holding Company Plans No material change.
- H. Post-Employment Benefits and Compensated Absences No material change.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) No material change.

#### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- 1. -3. No material change.
- 4. The Company paid an ordinary dividend of \$750,000 on March 30, 2018.
- 5. -13. No material change.

#### 14. Contingencies

No material change.

#### 15. Leases

- A. Lease Operating Lease No material change.
- B. Lessor Leases No material change.

## 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

No material change,

#### 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables reported as Sales No material change.
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

## 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No material change.

#### 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No material change.

#### 20. Fair Value Measurements

A. Fair Market Value at Reporting Date – The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level3). The levels of the fair value hierarchy are as follows:

- Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
- Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.
- Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactively traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

(1) Fair Value Measurements at Reporting Date

## **Notes to Financial Statement**

						Net Asset Value
	Description for each class of					Included in
	asset or liability	(Level 1)	(Level 2)	(Level 3)	Total	Level 2
a.	Assets at fair value					
	Cash Equivalents					
	Money Market Funds	\$2,614,600			\$2,614,600	
	Total Cash Equivalents	\$2,614,600			\$2,614,600	
	Subtotal – Assets at fair value	\$2,614,600			\$2,614,600	
	Liabilities at fair value					
	Subtotal – Liabilities at fair value					

- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy None
- (3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.
- (4) The Company has not valued any securities at a Level 2 or 3.
- B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements None
- C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value Included in Level 2
Bonds	\$43,887,097	\$43,957,559	\$2,927,695	\$40,959,403			
Cash Equivalents	\$2,614,600	\$2,614,600	\$2,614,600	-			
Short-term Investments	\$2,117,491	\$2,116,439	\$1,718,623	\$895,976			

- D. Not Practicable to Estimate Fair Value None
- E. Net Asset Value (NAV) None

#### 21. Unusual or Infrequent Items

- $A. \quad Unusual \ or \ Infrequent \ Items-No \ material \ change.$
- B. Troubled Debt Restructuring No material change.
- $C. \quad Other\ Disclosures-No\ material\ change.$
- D. Business Interruption Insurance Recoveries No material change.
- $E. \quad State \ Transferable \ and \ Non-transferable \ Tax \ Credits No \ material \ change.$
- $F. \quad Subprime-Mortgage-Related \ Risk \ Exposure-No \ material \ change.$
- G. Retained Assets No material change.
- $H. \quad Insurance \ Linked \ Securities No \ material \ change.$

#### 22. Events Subsequent

Type I – Recognized Subsequent Events

No material change.

Type II - Nonrecognized Subsequent Events

No material change.

#### 23. Reinsurance

No material change.

#### **Notes to Financial Statement**

#### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. D. None.
- C. Risk Sharing Provisions of the Affordable Care Act (ACA) None

#### 25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2018 were \$27,402,192 for unpaid claims and \$550,578 for unpaid claims adjustment expenses. As of March 31, 2019, \$10,202,131 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$2,184,000 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been a \$15,566,639 favorable prior year development since December 31, 2018 to March 31, 2019. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

The Company did not have any significant changes in methodologies or assumptions used in the calculation of the liability for unpaid losses or loss adjustment expenses.

#### 26. Intercompany Pooling Arrangements

No material change.

#### 27. Structured Settlements

No material change.

#### 28. Health Care Receivables

No material change.

#### 29. Participating Policies

No material change.

#### 30. Premium Deficiency Reserves

- 1. Liability carried for premium deficiency reserves
- 2. Date of the most recent evaluation of this liability
- 3. Was anticipated investment income utilized in the calculation? (Yes / No)

\$ 0
3/31/2019
No

#### 31. Anticipated Salvage and Subrogation

No material change.

## **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES GENERAL

	Domicile, as require	ntity experience any material transed by the Model Act? rt been filed with the domiciliary s		Disclosure of M	aterial Transactio	ns with the Stat	e of	Yes[]	es[] No[X]   No[] N/A[X]
	Has any change be reporting entity? If yes, date of change	en made during the year of this s	tatement in the charter, by-la	ws, articles of in	corporation, or de	ed of settlemen	t of the	Y€	es[ ] No[X]
3.2 3.3 3.4 3.5 4.1	an insurer? If yes, complete S Have there been ar If the response to 3 Is the reporting enti If the response to 3 Has the reporting e If yes, complete and	ty a member of an Insurance Holeschedule Y, Parts 1 and 1A. In substantial changes in the orgation in the orgation in the provide a brief description of the CIK (Central Intity been a party to a merger or a difference of the the merger history data file the merger of the company Compan	anizational chart since the pri on of those changes: a publicly traded group? al Index Key) code issued by the consolidation during the peric with the NAIC for the annual f	or quarter end? the SEC for the end covered by this filing correspond	entity/group. s statement? ing to this period.			Ye Ye	es[X] No[ ] es[ ] No[X] es[ ] No[X]
		of the merger or consolidation.  1  Name of			2 ompany Code		3 of Domicile		
5.	If the reporting entit or similar agreemer If yes, attach an exp	y is subject to a management ag nt, have there been any significar planation.	reement, including third-party t changes regarding the term	administrator(s)	, managing gene ent or principals i	ral agent(s), attonvolved?	orney-in-fact,	Yes[]	No[X] N/A[ ]
6.2	State the as of date date should be the State as of what da	te the latest financial examination that the latest financial examinar date of the examined balance ship te the latest financial examination. This is the release date or comp	tion report became available to eet and not the date the report report became available to	from either the so rt was completed other states or th	tate of domicile of d or released. Te public from eith	er the state of d	lomicile or	12	2/31/2016 2/31/2016 1/24/2018
6.5	filed with Departmer	atement adjustments within the la				equent financial	statement	Yes[> Yes[>	(] No[ ] N/A[ ] (] No[ ] N/A[ ]
		entity had any Certificates of Auth rernmental entity during the repor mation		s (including corpo	orate registration,	if applicable) su	spended or	Υє	es[] No[X]
8.2 8.3	If response to 8.1 is Is the company affil If response to 8.3 is regulatory services	ubsidiary of a bank holding comp s yes, please identify the name of iated with one or more banks, thi s yes, please provide below the n agency [i.e. the Federal Reserve ion (FDIC) and the Securities Exc	the bank holding company ifts or securities firms? ames and location (city and s Board (FRB), the Office of th	state of the main ne Comptroller of	office) of any affil the Currency (O	CC), the Federa	l Deposit		es[ ] No[X] es[ ] No[X]
		1 Affiliate Name	2 Location (City, State)	3 FRB No	4 OCC	5 FDIC No	6 SEC	]	
9.1	similar functions) of (a) Honest and eth relationships; (b) Full, fair, accur (c) Compliance wi (d) The prompt int	ers (principal executive officer, principal executive officer, principal entity subject to a chical conduct, including the ethical ethical entity and understandable described the applicable governmental laws, ernal reporting of violations to an for adherence to the code.	code of ethics, which includes all handling of actual or appare isclosure in the periodic reporules and regulations;	pal accounting o the following st ent conflicts of in rts required to be	fficer or controller andards? terest between pe e filed by the repo	r, or persons per	forming	Ye	es[X] No[ ]
9.2 9.2 9.3	<ol> <li>If the response to Has the code of et</li> <li>If the response to Have any provision</li> </ol>	9.1 is No, please explain: thics for senior managers been at 9.2 is Yes, provide information re ns of the code of ethics been wai 9.3 is Yes, provide the nature of	lated to amendment(s). ved for any of the specified o	fficers?					es[ ] No[X] es[ ] No[X]
10.7 10.2	1 Does the reporting 2 If yes, indicate any	g entity report any amounts due fr y amounts receivable from parent	om parent, subsidiaries or af	ANCIAL filiates on Page 2 unt:	2 of this statemen	t?		Υє \$	es[ ] No[X] 0
	use by another pe	tocks, bonds, or other assets of the rson? (Exclude securities under securities under the decomplete information relating the	ne reporting entity loaned, pla securities lending agreements	STMENT aced under options.)	n agreement, or o	therwise made a	available for	Υє	es[ ] No[X]
12.	Amount of real est	tate and mortgages held in other	invested assets in Schedule I	BA:				\$	0
13.	Amount of real est	tate and mortgages held in short-	term investments:					\$	0
14.2 14.2	1 Does the reporting 2 If yes, please com	g entity have any investments in p plete the following:	parent, subsidiaries and affilia	ites?				Ye	es[] No[X]

### **GENERAL INTERROGATORIES (Continued)**

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

5.1 Has the reporting entity entered into any hedging transactions reported on Scheduli	Jule DB	Schedu	on S	reported 4	transactions i	hedaina	into ar	entered	entity	reporting	Has the	5.1
---	---------	--------	------	------------	----------------	---------	---------	---------	--------	-----------	---------	-----

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[ ] No[X] Yes[ ] No[ ] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 16.3 Total payable for securities lending reported on the liability page

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
,	7501 Wisconsin Avenue, Suite 1500 W, Bethesda, MD 20814
BB&T Retirement and Institutional Services	1340 Broadcasting Rd, Suite 300, Wyomissing, PA 19610-5703

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? 17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

,	give iuii and	a complete imc	iiiialloii reiali	ng mereto.

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1	2
Name of Firm or Individual	Affiliation
Trusted Health Plans Inc.	A
Sterling Capital Management - Don Strehle	U

For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e.

designated with a "U") manage more than 10% of the reporting entity's assets?

7.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information

17.6 for the table below. Yes[X] No[] Yes[X] No[]

1	2	3	4	5
Central Registration		Legal Entity	Registered	Investment Management
Depository Number	Name of Firm or Individual	Identifier (LEI)	With	Agreement (IMA) Filed
6399145 4438699	Sterling Capital Management-Don Strehle ASB Capital Management-Michael Stafford		DC II. and MD	DS

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

- By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

  a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL
  - security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

- 20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

  a. The security was purchased prior to January 1, 2018.

  b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

  c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

  d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

  Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

## **GENERAL INTERROGATORIES**

#### **PART 2 - HEALTH**

<ol> <li>Operating Percentages:</li> <li>1.1 A&amp;H loss percent</li> <li>1.2 A&amp;H cost containment percent</li> <li>1.3 A&amp;H expense percent excluding cost containment expenses</li> </ol>	72.638% 8.974% 19.844%
<ul> <li>2.1 Do you act as a custodian for health savings accounts?</li> <li>2.2 If yes, please provide the amount of custodial funds held as of the reporting date</li> <li>2.3 Do you act as an administrator for health savings accounts?</li> <li>2.4 If yes, please provide the balance of the funds administered as of the reporting d</li> </ul>	Yes[] No[X]
<ul> <li>Is the reporting entity licensed or chartered, registered, qualified, eligible or writing</li> <li>If no, does the reporting entity assume reinsurance business that covers risks rethe reporting entity?</li> </ul>	ng business in at least two states?  Yes[X] No[] siding in at least one state other than the state of domicile of  Yes[] No[X]

## **SCHEDULE S - CEDED REINSURANCE**

**Showing All New Reinsurance Treaties - Current Year to Date** 

			Chowing An item Remodrance fre					
1	2	3	4	5	6	7	8	9
NAIC					Type of		Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating
			ΝΟ	ΝE				

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

**Current Year to Date - Allocated by States and Territories** 

		Curren	t rear to	Date - All	ocated by	States and				
						Direct Busin	, ,	-	1 0	
		1	2	3	4	5	6	7	8	9
						Federal	Life and Annuity			
		Active	Accident and			Employees Health	Premiums	Property/	Total	
		Status	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
	State, Etc.	(a)	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)									
6.	Colorado (CO)									
7.	Connecticut (CT)									
8.	Delaware (DE)									
9.	District of Columbia (DC)									
10.	Florida (FL)								1 ' '	
11.	Georgia (GA)									
12.	Hawaii (HI)	N								
13.	Idaho (ID)									
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)									
17.	Kansas (KS)									
18.	Kentucky (KY)									
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)									
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)									
28.	Nebraska (NE)									
29.	Nevada (NV)	N								
30.	New Hampshire (NH)									
31.	New Jersey (NJ)									
32.	New Mexico (NM)	N								
33.	New York (NY)									
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36.	Ohio (OH)									
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)									
41.	South Carolina (SC)	N								
42.	South Dakota (SD)									
43.	Tennessee (TN)									
44.	Texas (TX)									
45.	Utah (UT)									
46.	Vermont (VT)					l	l	l	I	
47.	Virginia (VA)									
48.	Washington (WA)					l	l	1	L	
49.	West Virginia (WV)									
50.	Wisconsin (WI)									
51.	Wyoming (WY)									
52.	American Samoa (AS)				1					
52.	Guam (GU)									
54.	Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CAN)									
58.	Aggregate other alien (OT)									
59.	Subtotal	. XXX.	3,817,099		32,269,430				36,086,529	
60.	Reporting entity contributions for									
	Employee Benefit Plans									
61.	Total (Direct Business)	. XXX.	3,817,099		32,269,430				36,086,529	
DETAIL	LS OF WRITE-INS									
58001.		. X X X .								
58002.		. XXX.								
58003.		. XXX.								
	Summary of remaining write-ins for									
	Line 58 from overflow page	. XXX.					<b></b>			
58999	TOTALS (Lines 58001 through				1					
20000.	58003 plus 58998) (Line 58 above)	x x x .								
	a) Active Status Counts:				1		1	1	1	

(a) Active Status Counts:

54

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E Eligible - Reporting entities eligible or approved to write surplus lines in the state
N None of the above Not allowed to write business in the state

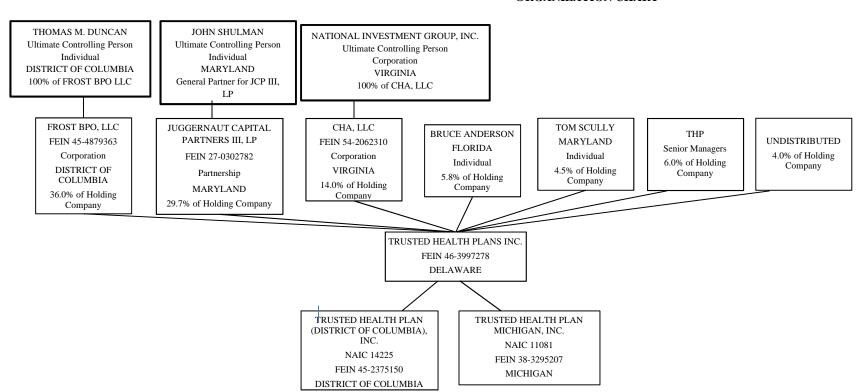
R Registered - Non-domiciled RRGs
Q Qualified - Qualified or accredited reinsurer

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

#### MEMBERS OF A HOLDING COMPANY GROUP

**PART 1 - ORGANIZATIONAL CHART** 

INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF TRUSTED HEALTH PLANS HOLDING COMPANY GROUP ORGANIZATION CHART



2

## **SCHEDULE Y**

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

							.,, DE ., (1E O. 1110010 (1)								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of				Directly	Type of Control				
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		ls an	
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	SCA	
		Comp-				if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
Group		any	ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
4893	Trusted Hith Plans Grp	14225	46-3997278 .				Trusted Health Plans. Inc.	DE .	UIP	Frost BPO, LLC	Ownership	36.0	Thomas M. Duncan	N	1
4893	Trusted Hith Plans Grp	14225	46-3997278 .				Trusted Health Plans, Inc.	DE .	UIP		Ownership	14.0	National Investment Group	N	
4893	Trusted Hith Plans Grp	. 14225	46-3997278 .				Trusted Health Plans, Inc	DE .	UIP		Ownership	5.8		N	
4893	Trusted Hith Plans Grp		46-3997278 .				Trusted Health Plans, Inc.	DE .	UIP		Ownership	4.5		N	
4893	Trusted Hith Plans Grp		46-3997278 .				Trusted Health Plans, Inc.	DE .	UIP		Ownership	6.0		N	
4893	Trusted Hith Plans Grp		46-3997278 .				Trusted Health Plans, Inc	DE .	UIP	Undistributed	Ownership	4.0			
4893	Trusted Hith Plans Grp	. 14225	46-3997278 .				Trusted Health Plans, Inc	DE .	UIP	Juggernaut Capital Partners III, LP	Ownership	29.7	John Shulman	N	
4893	Trusted Hith Plans Grp	.   11081	38-3295207 .				Trusted Health Plan (MI)	MI .	IA	Trusted Health Plans, Inc.	Ownership	100.0	Thomas M. Duncan, National		
													Investment Group, John		
													Shulman	N	
4893	Trusted Hith Plans Grp	.   14225	45-2375150 .				Trusted Health Plan (District of						Thomas M. Duncan, National		
							Columbia), Inc.	. DC .	RE	Trusted Health Plans, Inc.	Ownership	100.0			
													Shulman	N	

Asterisk	Explanation
0000001	

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:



## **OVERFLOW PAGE FOR WRITE-INS**

## **ASSETS**

	С	Current Statement Date					
	1	2	3				
			Net Admitted	December 31			
		Nonadmitted	Assets	Prior Year Net			
	Assets	Assets	(Cols. 1 - 2)	Admitted Assets			
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)							
2504. Prepaid Insurance	479,437	479,437					
2505. Miscellaneous Receivable	202,877	202,877					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	682,314	682,314					

# STATEMENT AS OF March 31, 2019 OF THE Trusted Health Plan (District of Columbia), Inc. SCHEDULE A - VERIFICATION Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Total gain (loss) on disposals  Deduct amounts received on disposals  Total foreign exchange change in book/adjusted carrying va  NONE		
6.	Total foreign exchange change in book/adjusted carrying va		
7.	Deduct current year's other-than-temporary impairment rectangle		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

#### **SCHEDULE B - VERIFICATION**

Mortgage Loans

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals  Deduct amounts received on disposals  Deduct amounts received on disposals  NONE		
8.	Deduct amortization of premium and mortgage interest poin		
9.	Total foreign exchange change in book value/recorded inve		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 +		
	6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

#### **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	•	1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)  Total gain (loss) on disposals  Deduct amounts received on disposals		
6.	Total gain (loss) on disposals		
7.			
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

#### **SCHEDULE D - VERIFICATION**

**Bonds and Stocks** 

	Boliao alia eteoko		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	42,357,030	29,404,007
2.	Cost of bonds and stocks acquired	3,737,104	18,010,564
3.	Accrual of discount	150,392	122,049
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(279)	(71,757)
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium	48,626	226,015
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		3,668
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	43,957,559	42,357,030
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	43,957,559	42,357,030

## **SCHEDULE D - PART 1B**

## **Showing the Acquisitions, Dispositions and Non-Trading Activity**

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	During the Cur	Territ Quarter	ioi ali boliu	s allu Fielei	rea Stock by	MAIC DESIG	Illation		
		1	2	3	4	5	6	7	8
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
	NAIC Designation	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BOND	S								
1.	NAIC 1 (a)								
2.	NAIC 2 (a)	10,151,867	249,088	75,000	(170,465)	10,155,490			10,151,867
3.	NAIC 3 (a)								
4.	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	Total Bonds	44,206,696	5,172,102	3,408,635	103,836	46,073,999			44,206,696
PREF	ERRED STOCK								
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
12.	NAIC 5								
13.	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	44,206,696	5,172,102	3,408,635	103,836	46,073,999			44,206,696

#### **SCHEDULE DA - PART 1**

#### **Short - Term Investments**

	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
9199999. Totals	2,116,439	X X X	2,107,422	5,000	3,816

#### **SCHEDULE DA - Verification**

#### **Short-Term Investments**

	0.10.1.1.00		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,849,666	749,494
2.	Cost of short-term investments acquired	1,434,998	3,546,970
3.	Accrual of discount	5,882	7,601
4.	Unrealized valuation increase (decrease)	(2,455)	2,838
5.	Total gain (loss) on disposals	(7)	(1,001)
6.	Deduct consideration received on disposals	1,170,288	2,450,050
7.	Deduct amortization of premium	1,356	6,187
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	2,116,439	1,849,666
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	2,116,439	1,849,666

SI04 Scheo	lule DB - Part A Verificatio	on	 NONE
SI04 Sched	lule DB - Part B Verificatio	on	 NONE
SI05 Sched	dule DB Part C Section 1.		 NONE
SI06 Sched	dule DB Part C Section 2.		 NONE
SI07 Sched	dule DB - Verification		 NONE

#### **SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1 1		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	3,759,266	363,209
2.	Cost of cash equivalents acquired	3,139,615	24,480,294
3.	Accrual of discount		3,050
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	4,284,281	21,087,288
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	2,614,600	3,759,266
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	2,614,600	3,759,266

E01 Schedule A Part 2 NONE
E01 Schedule A Part 3 NONE
E02 Schedule B Part 2 NONE
E02 Schedule B Part 3 NONE
E03 Schedule BA Part 2 NONE
E03 Schedule BA Part 3 NONE

## **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

		SHOW A	ii Long-Term be	onds and Stock Acquired During the Cu	rrent Quarter				
1	2	3	4	5	6	7	8	9	10
								Paid for Accrued	NAIC Designation and
CUSIP				Name of	Number of			Interest and	Administrative Symbol/
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Market Indicator (a)
	The second secon	1 oroigii	Date / toquil ou	Vollage	Charge of Clock	7 totaar 000t	T di Valdo	Bividorido	market maleator (a)
	. Governments								
9128286C9	UNITED STATES TREASURY		02/08/2019	Unknown	X X X	249,486	249,000		1
912828J50	UNITED STATES TREASURY		02/15/2019	JP Morgan Chase Bank/RBS Securities		790,563	800,000		1
0599999 Subt	otal - Bonds - U.S. Governments				X X X	1,040,049	1,049,000	5,227	XXX
Bonds - U.S	States, Territories and Possessions								
419792YL4	HAWAII ST		02/07/2019	Unknown	x x x	125.000	125.000		1FE
68609THY7	OREGON ST			Unknown		125,000	125,000		1FE
	otal - Bonds - U.S. States, Territories and Possessions					250.000	250,000		XXX
	Special Revenue, Special Assessment					200,000			
	ļ ·								
20775CS47	CONNECTICUT ST HSG FIN AUTH HSG MTG FIN		02/08/2019	Unknown		150,000	150,000		1FE
45710PAC4	INGLEWOOD CALIF JT PWRS AUTH LEASE REV		03/26/2019	Unknown	X X X	100,000	100,000		1 <u>FE</u>
64971XHY7	NEW YORK N Y CITY TRANSITIONAL FIN AUTH		03/27/2019	Unknown		60,040	60,000		1FE
68608VDT8	OREGON ST DEPT ADMINISTRATIVE SVCS CTFS			Unknown		125,000			1FE
3199999 Subt	3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment				XXX	435,040	435,000		X X X
Bonds - Indi	strial and Miscellaneous (Unaffiliated)								
05565QBU1.	BP CAPITAL MARKETS PLC	C	03/25/2019	Unknown	X X X	178,925	175,000	2,527	1FE
065403AY3	BANK 19BN17 A1 - CMBS		03/21/2019	Unknown	X X X	84,999	85,000		1FE
065405AA0	BANK 19BN16 A1 - CMBS		02/01/2019	Unknown	X X X	99,999	100,000	l 168 l	1FE
08162VAA6	BMARK 19B10 A1 - CMBS		03/21/2019	Unknown		79,998	80,000	62	1FE
36252SAS6	GS MORTGAGE SECURITIES TRUST 2019-GC38		02/13/2019	Unknown		124,999	125.000	268	1FE
48128YAS0	JPMCC COMMERCIAL MORTGAGE SECURITIES TRU		02/15/2019	Unknown	X X X	125,000	125,000	277	1FE
69353REW4 .	PNC BANK NA		03/18/2019	MITSUBISHI UFJ SECURITIES	X X X	320,590	325,000	2,737	1FE
89236TFQ3	TOYOTA MOTOR CREDIT CORP	C	02/20/2019	US BANCORP INVESTMENTS INC		251,488	250,000	932	1FE
92277GAH0 .	VENTAS REALTY LP		03/18/2019	US BANCORP INVESTMENTS INC	X X X	249,088	250,000	2,062	2FE
94988J5N3	WELLS FARGO BANK NA		02/15/2019	MORGAN STANLEY CO	X X X	396,932	400,000		1FE
95001WAW8	WFCM 2019-C49 - CMBS		02/21/2019	Unknown	X X X	99,999	100,000	33	1FE
3899999 Subt	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	2,012,015	2,015,000		XXX
	otal - Bonds - Part 3				X X X	3,737,104	3,749,000	15,323	XXX
8399998 Sum	mary Item from Part 5 for Bonds (N/A to Quarterly)	<u>.</u>	·····			X X X	X X X	X X X	XXX
8399999 Subt						3,737,104	3,749,000	15,323	X X X
	mary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks							X X X		X X X
	mary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X
	otal - Common Stocks						X X X		X X X
	otal - Preferred and Common Stocks						X X X		X X X
9999999 Total	- Bonds, Preferred and Common Stocks				X X X	3,737,104	X X X	15,323	X X X

## **SCHEDULE D - PART 4**

## Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

During the Current Quarter																					
1	2	3	4	5	6	7	8	9	10		Change in B	ook/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
		F								11	12	13	14	15	1						NAIC
		_																			Designation
		١							Prior Year			Current Veerle		Total	Dools!				Dand Intercet/		and Admini-
		'								l		Current Year's		Total	Book/				Bond Interest/		
		е							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	strative
		i			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	Symbol/
CUSIP		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	Market
Identification	Description	'n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
Danda I	I & Covernments									(,			-/						- J		1
	J.S. Governments		03/01/2019	Pavdown	xxx	273	273		275						275		(2)	(2)	١ ,	08/16/2052	1,
	UNITED STATES TREASURY			Unknown		249.204	249,000	249.486			(2)		(2)		249.484		(280)	(280)	86	02/15/2022	1
	otal - Bonds - U.S. Governments		02/10/2010	Ontologic Control	XXX	249.477	249.273	249.762			(2)		(2)		249.759		(282)	(282)	86	X X X .	XXX.
		04-4	<b>T</b>	dender and December	1		210,270	210,702			(2)		(2)		210,100		(202)	(202)		/////	
Bonds - L	J.S. Political Subdivisions of	Stat	tes, lerr	itories and Possessi	ions	00.000	00.000	00.000							00.000				505	00/45/0040	455
					XXX	90,000	90,000	90,000							90,000				565	02/15/2019	1FE
2499999 Subto	tal - Bonds - U.S. Political Subdivisions of Sta	tes, le	erritories and	Possessions	XXX	90,000	90,000	90,000	90,000						90,000				565	XXX.	XXX.
Bonds - U	J.S. Special Revenue, Special	l As	sessme	nt																	
	FEDERAL FARM CREDIT BANKS FUNDING CORP		01/07/2019	Maturity @ 100.00	xxx	500,000	500,000	500,015	500,000						500,000				2,500	01/07/2019	1
45528UTR2 .	INDIANAPOLIS IND LOC PUB IMPT BD							•	·						,						
60416SPQ7 .	BK		01/01/2019	Maturity @ 100.00	x x x	95,000 75,000	95,000	95,000 75,000	95,000 75.000						95,000 75,000					01/01/2019 01/01/2019	1FE
	tal - Bonds - U.S. Special Revenue. Special A			iniaturity @ 100.00	XXX	670,000	670.000	670.015	670.000						670.000				3.978	XXX.	XXX.
			۸۸۸	070,000	070,000	070,013	070,000						070,000				3,370	۸۸۸.	۸۸۸.		
	ndustrial and Miscellaneous,																				
	BANK 19BN16 A1 - CMBS		03/01/2019		XXX	1,572			047.000		(0.000)		(0.000)				0	0		02/16/2052	1FE
	BOEING CO			Maturity @ 100.00	XXX	215,000	215,000	242,858	217,083		(2,083)		(2,083)		215,000				6,450	03/15/2019 03/15/2019	1FE
36252SAS6 .	GSMS 19GC38 A1 - CMBS		03/12/2019			200,000	2,278	2.278							200,000		J	٠	1,019	02/12/2052	1FE
	GOLDMAN SACHS GROUP INC			Maturity @ 100.00	xxx	85,000	85,000	96,894	85,547		(547)		(547)		85.000		0	0	3 188	02/15/2019	1FE
	JPMCC 16JP2 A1 - CMBS			Pavdown	xxx	6.112	6,112	6.112	6.109		10		1		6.109		1		8	08/17/2049	1FE
46646RAG8 .	JPMDB 16C4 A1 - CMBS		03/01/2019	Paydown	XXX	3,527	3.527	3,527	3,527						3,527				5	12/17/2049	1FE
	JDOT 16 A3 - ABS			Paydown	XXX	14,060	14,060	14,047	14,060		0		0		14,060		1	1	20	04/15/2020	1FE
	JPMCC 19COR4 A1 - CMBS		03/01/2019		XXX	1,034	1,034	1,034			0		0		1,034		0	0		03/12/2052	1FE
	PEPSICO INC			Maturity @ 100.00	XXX	95,000	95,000	97,794	95,000						95,000				1,069	01/07/2019	1FE
	TOYOTA MOTOR CREDIT CORP			Maturity @ 100.00	XXX	245,000	245,000	248,146	245,162		(162)		(162)		245,000				2,166	02/19/2019	1FE
	WELLS FARGO & CO			Maturity @ 100.00	XXX	360,000	360,000	367,193	360,108		(108)		(0.004)		360,000				3,870	01/15/2019	1FE
	tal - Bonds - Industrial and Miscellaneous (Un tal - Bonds - Part 4	amiliat	.eu)		XXX	1,228,584	1,228,584	1,280,267	1,226,360		(2,664)		(2,664)		1,228,581		(070)	3	18,595	XXX.	XXX.
	nary Item from Part 5 for Bonds (N/A to Quarte				XXX	X X X	X X X	X X X	X X X	XXX	X X X	XXX	X X X		X X X	XXX	(279)	(279)	23,224	XXX.	XXX.
												-		XXX					XXX	XXX.	
	tal - Bonds				XXX	2,238,061	2,237,857	2,290,043	1,986,635	XXX	(2,666)	XXX	(2,666)	XXX	2,238,340	XXX	(279)	X X X	23,224	XXX .	XXX .
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)																			1		
8999999 Subtotal - Preferred Stocks			XXX		XXX													XXX.	XXX.		
	.,	to Qu	uarterly)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
	tal - Common Stocks				XXX		XXX													XXX.	XXX.
					XXX		XXX													XXX.	XXX.
9999999 Total	- Bonds, Preferred and Common Stocks				XXX	2,238,061	XXX	2,290,043	1,986,635		(2,666)		(2,666)		2,238,340		(279)	(279)	23,224	XXX.	XXX.

E06 Schedule DB Part A Section 1
E07 Schedule DB Part B Section 1
E08 Schedule DB Part D Section 1NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

## SCHEDULE E - PART 1 - CASH Month End Depository Balances

BB&T Checking         Washington, DC         (349,088)         93,245         974,787         X X           0199998 Deposits in         0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories         X X X         X X X         X X X         X X           0199999 Totals - Open Depositories         X X X	MOULT EIG Depository Balances											
Name	1	2	3	4	5	Book Bala	9					
Received   During   Accrued   at Current   Statement   First   Second   Third   Month   Mont				Amount	Amount of	During Current Quarter						
Rate of Current Statement Date Month Month Month Month *  open depositories  BB&T IDA Washington, DC SB&T Checking - Claims Washington, DC Saturent Saturation of Saturati				of Interest	Interest	6	7	8				
Rate of   Current   Statement   First   Second   Third   Month   Mon				Received	Accrued							
Depository   Code   Interest   Quarter   Date   Month   Month   Month   *				During	at Current							
open depositories         BB&T IDA         Washington, DC         0.500         501         302,400         302,516         303,114         X X           BB&T Checking - Claims         Washington, DC         6,062,203         7,766,458         7,761,059         X X           BB&T Checking         Washington, DC         (349,088)         93,245         974,787         X X           0199998 Deposits in         0 depositories that do not exceed the allowable limit in any one depositories         X X X         X X X         X X X         X X X           0299998 Deposits in         0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories         X X X         X X X         X X X         X X           0299999 Totals - Suspended Depositories         X X X         X X X         X X X         X X           0399999 Total Cash On Deposit         X X X         X X X         X X X         X X X         X X X			Rate of	Current	Statement	First	Second	Third				
BB&T IDA   BB&T Checking - Claims   Washington, DC   Wa	Depository	Code	Interest	Quarter	Date	Month	Month	Month	*			
BB&T Checking - Claims       Washington, DC       6,062,203       7,766,458       7,761,059       X X         0199998 Deposits in	open depositories											
BB&T Checking - Claims       Washington, DC       6,062,203       7,766,458       7,761,059       X X         0199998 Deposits in	BB&T IDA Washington, DC		0.500		501	302,400	302,516	303,114	XXX			
0199998 Deposits in	BB&T Checking - Claims   Washington, DC					6,062,203	7,766,458	7,761,059	XXX			
allowable limit in any one depository (see Instructions) - open depositories       X X X X X X X X X X X X X X X X X X X						(349,088)	93,245	974,787	XXX			
0199999 Totals - Open Depositories         X X X         X X X         501         6,015,515         8,162,219         9,038,960         X X           0299998 Deposits in	0199998 Deposits in0 depositories that do not exceed the											
0299998 Deposits in	allowable limit in any one depository (see Instructions) - open depositories .	XXX	X X X						XXX			
allowable limit in any one depository (see Instructions) - suspended depositories       X X X X X X X X X X X X X X X X X X X		XXX	X X X		501	6,015,515	8,162,219	9,038,960	XXX			
depositories         X X X         X X X         X X X           0299999 Totals - Suspended Depositories         X X X         X X X         X X X           0399999 Total Cash On Deposit         X X X X X X X         501         6,015,515         8,162,219         9,038,960         X X	0299998 Deposits in0 depositories that do not exceed the											
0299999 Totals - Suspended Depositories         X X X         X X X         X X X           0399999 Total Cash On Deposit         X X X         X X X         501         6,015,515         8,162,219         9,038,960         X X	allowable limit in any one depository (see Instructions) - suspended											
0399999 Total Cash On Deposit			X X X						XXX			
0399999 Total Cash On Deposit	0299999 Totals - Suspended Depositories	XXX	X X X						XXX			
0499999 Cash in Company's Office	0399999 Total Cash On Deposit	XXX			501	6,015,515	8,162,219	9,038,960	XXX			
	0499999 Cash in Company's Office	XXX	X X X	. X X X .	X X X				XXX			
	0599999 Total Cash		X X X		501	6,015,515	8,162,219	9,038,960	XXX			

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9			
							Amount of				
			Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received			
Cusip	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year			
All Other Mone	y Market Mutual Funds										
09248U700	BLKRK LQ:FEDFUND INSTL		03/28/2019	2.340	X X X	987,079	1,921	1,356			
94975P405	WELLS FRGO GOVERNMENT CL I MMF		02/28/2017	2.270	X X X	325,000	629	1,790			
SA0000560	BB&T TRUST DEPOSIT		03/27/2019	0.450	X X X	1,302,521	2,812	630			
8699999 Subtot	al - All Other Money Market Mutual Funds	2,614,600	5,362	3,776							
8899999 Total -	Cash Equivalents	2,614,600	5,362	3,776							

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